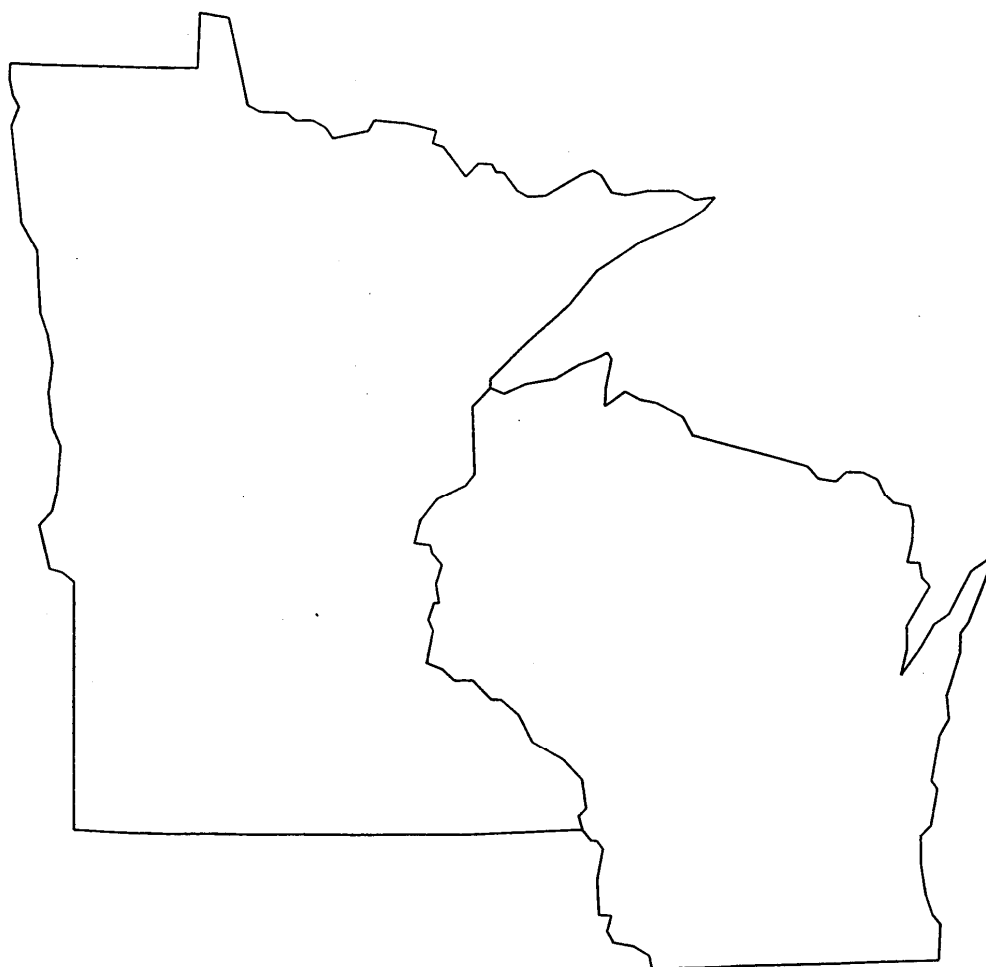


**2010-2011**

**MINNESOTA - WISCONSIN**

**APPLICATION FOR RECIPROCITY FEE STATUS**



**MINNESOTA HIGHER EDUCATION SERVICES OFFICE  
WISCONSIN HIGHER EDUCATIONAL AIDS BOARD**

**GENERAL INFORMATION AND INSTRUCTIONS**  
**Minnesota-Wisconsin Tuition Reciprocity Program**  
**2010-2011 Academic Year (Fall 2010 - Summer 2011)**

**To avoid delay, applications must be mailed directly to the appropriate state BY THE APPLICANT**  
**The application must be completed in INK or TYPED**  
**APPLICATION TO THE PROGRAM IS THE RESPONSIBILITY OF THE INDIVIDUAL**

**HOW TO APPLY:** Complete this application IN FULL and sign the certification. Then mail the completed application DIRECTLY to the higher education agency located in the state of your residence. It is suggested that you mail this application by certified mail with a return receipt requested from the post office and keep a xerox copy of the application. Addresses for these agencies are listed below. **Remember, there is an application deadline, and applications will not be processed retroactively.** Students who were enrolled under reciprocity and earned credits that were reported by the institution to the administering agencies during fall and/or spring semester of the 2009-10 academic year will automatically have benefits renewed for 2010-2011 at the institution attended during 2009-10. Therefore, these students need not reapply. **If you or the institution you are enrolled do not receive notification of your renewal status by November 1, 2010, please contact the administering agency in your state of residence.**

**DEADLINE:** The application deadline is the last day of classes at the institution you are or will be attending for the term benefits are needed. **Applications will not be processed retroactively.** If you wish to participate in the program for the entire academic year, your application must be correctly completed and postmarked by the last day of scheduled classes in the fall term at the institution you are or will be attending.

**WHO IS ELIGIBLE:** The Minnesota-Wisconsin Tuition Reciprocity Program improves the post-secondary educational advantages for residents of Minnesota and Wisconsin through greater availability and accessibility of post-secondary opportunities. Any student who is enrolled in an eligible program and meets residency requirements at a public university in Wisconsin may attend a Minnesota public institution on a space available basis and pay the established reciprocity fee for coursework that is located in Minnesota under this program. Similarly, any student who is enrolled in an eligible program and meets residency requirements at a public institution in Minnesota may attend a Wisconsin public institution on a space available basis and pay the established reciprocity fee for coursework that is located in Wisconsin. **Professional students enrolling in a Doctor of Medicine, Doctor of Dental Sciences, or Doctor of Vet. Medicine program in the public institutions of either state will be ineligible for reciprocity tuition.**

**ELIGIBLE INSTITUTIONS:**

<b><u>Wisconsin</u></b>	UW-River Falls	Fond du Lac CC	North Hennepin CC	Metropolitan State University
UW-Madison	UW-Stevens Point	Hibbing CC	Northland CTC	St. Cloud State University
UW-Milwaukee	UW-Stout	Inver Hills CC	Rainy River CC	Southwest State University
UW-Green Bay	UW-Superior	Itasca CC	Ridgewater CTC	Winona State University
UW-Parkside	UW-Whitewater	Lake Superior CTC	Riverland CTC	University of MN-Crookston
UW-Colleges		Mesabi Range CTC	Rochester CTC	University of MN-Duluth
UW-Eau Claire	<b><u>Minnesota</u></b>	Minneapolis CTC	Vermilion CC	University of MN-Morris
UW-La Crosse	Anoka Ramsey CC	MN State CTC Fergus Falls	Bemidji State University	University of MN-Twin Cities
UW-Oshkosh	Central Lakes CTC	Minnesota West CTC	MN State University-Mankato	
UW-Platteville	Century College	Normandale CC	MN State University-Moorhead	

**NOTIFICATION OF ACCEPTANCE:** You will receive the results of your application within six weeks after you have applied. If you do not receive results within six weeks, you should assume your application has not been received and apply again.

**APPLICATION FOR ADMISSION:** Application to the Minnesota-Wisconsin Reciprocity Program does not constitute application for admission to an educational institution. Regardless of your eligibility for tuition reciprocity, you must still apply and qualify for admission to the school of your choice, following the procedures required by that institution.

**ADMINISTRATIVE AGENCIES:** The WHEAB will determine the residency and eligibility status of Wisconsin applicants enrolled in Minnesota public institutions and will certify to the Minnesota public institutions that the students are eligible to pay the established reciprocity fee. Similarly, the MHESO will determine the residency and eligibility status of Minnesota applicants in Wisconsin public institutions and will certify to the Wisconsin public institutions that the students are eligible to pay the established reciprocity fee.

**MINNESOTA RESIDENTS** - Return application to:  
Minnesota Office of Higher Education  
Reciprocity Program  
1450 Energy Park Drive, Suite 350  
St. Paul, Minnesota 55108-5227

**WISCONSIN RESIDENTS** - Return application to:  
Wisconsin Higher Educational Aids Board  
Reciprocity Program  
P.O. Box 7885  
Madison, Wisconsin 53707-7885

**NOTICE TO WISCONSIN RESIDENTS**

Pursuant to Wisconsin Statute 39.42, you are hereby informed that the information supplied in the process of this application will be used as follows: (1) in the processing and verification of the data supplied to determine the applicant's eligibility for this program; (2) for compilation and analysis of summary data relative to this program; (3) for dissemination of information to the educational institutions authorized by the student. You are not legally required to supply the requested information; however, failure to submit requested data may prevent further processing of the application. The only entities authorized by the law to receive this data are educational institutions at which you are seeking admittance, the appropriate administrative agency located in the state of the educational institution you attend, and auditors.

**State of Wisconsin**

Higher Educational Aids Board  
 Reciprocity Program  
 PO Box 7885  
 Madison, WI 53707-7885  
 (608) 267-2209  
[www.heab.wisconsin.gov](http://www.heab.wisconsin.gov)

Application for Reciprocity Fee Status  
 Minnesota-Wisconsin Reciprocity Program  
 2010-2011 Academic Year  
 (Fall Term 2010 - Summer Term 2011)

**State of Minnesota**

Office of Higher Education  
 Reciprocity Program  
 1450 Energy Park Drive, Suite 350  
 St. Paul, MN 55108-5227  
 (651) 642-0567 or 1-800-657-3866  
[www.getreadyforcollege.org](http://www.getreadyforcollege.org)

**Send Completed Application to Appropriate Agency**

For Office Use Only

◀ **Read instructions before completing application. Detach instructions before mailing.**

1. Name (Last, First, Middle Initial)		2. Social Security Number		<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																								
2a. Gender ___ Male ___ Female		3. Birth Date	4. County of Residence																																									
5a. Home Address (Street Address, City, State, Zip Code)																																												
5b. I (student) have resided at this address since: ____/____/____ (mo/day/yr)																																												
5c. If you have lived at this address for less than one year, list addresses and dates of prior places of residence for the previous five years in space provided on the back of this application.																																												
5d. If you have not resided in the state where you are claiming residency during the past twelve months, explain any circumstances which may entitle you to reciprocity benefits on the back of this application.																																												
5e. Address while attending school during the 2010-2011 academic year, if known (Street Address, City, State, Zip Code):																																												
6. Name of High School Attended		City	State	Month/Year Graduated																																								
7. Parent's (or Guardian's) Name		Telephone No. (include area code)	Parent Resided Here Since																																									
			Month	Year																																								
Street Address		City, State, Zip																																										
8. Are you currently in the Military? ___No ___Yes...If yes, stationed at: (Base, City, State) If yes, attach documentation showing Home of Record.																																												
9. Are you a U.S. Citizen? ___Yes ___No... <b>If no, attach a copy of your visa/green card or I-94 visa.</b>																																												
10. Name and location of college/university that you plan to attend for 2010-2011 and for which you are seeking reciprocity benefits:																																												
11. Class level – Fall 2010 Undergraduate 1 2 3 4 5 Other		Graduate	See attachment for who is eligible																																									
12. Semesters of enrollment: (check all that apply) ___Fall 2010 ___Winter Interim 2010 ___Spring 2011 ___Summer 2011																																												
13. Course of Study/Major:																																												
14. List colleges currently attending, previously attended, and dates of enrollment at each institution in space provided on back of the application.																																												

**Complete reverse side of application (page 2)**

15. Did you receive reciprocity in any prior years?

15. Did you receive reciprocity in any prior years?

☐ No ☐ Yes....If yes, institution \_\_\_\_\_ Yr. \_\_\_\_\_

16. Were you or will you be claimed as a dependent:

a. on parent's or guardian's 2009 State Income Tax?

☐ No ☐ Yes....If yes, what state? \_\_\_\_\_

b. on parent's or guardian's 2010 State Income Tax?

☐ No ☐ Yes....If yes, what state? \_\_\_\_\_

17. Did you or will you claim yourself:

a. on your 2009 State Income Tax?

☐ No ☐ Yes....If yes, what state? \_\_\_\_\_

b. on your 2010 State Income Tax?

☐ No ☐ Yes....If yes, what state? \_\_\_\_\_

18. What was your status in **2009**:

a. Employed?

☐ No ☐ Yes....If yes, dates employed? \_\_\_\_\_

b. Full-Time Student?

☐ No ☐ Yes....If yes, institution? \_\_\_\_\_

c. Part-Time Student?

☐ No ☐ Yes....If yes, institution? \_\_\_\_\_

d. Graduate Assistant?

☐ No ☐ Yes....If yes, institution? \_\_\_\_\_

e. Other?

☐ No ☐ Yes....If yes, explain? \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED BY APPLICANT. IF APPLICATION IS NOT COMPLETE, IT WILL BE RETURNED TO APPLICANT FOR COMPLETION. THE APPLICATION MUST BE SUBMITTED TO THE APPROPRIATE AGENCY BY THE DEADLINE IN ORDER TO BE CONSIDERED.** See attachment for information regarding deadlines.

### ***CERTIFICATION***

**I HAVE READ THE INSTRUCTIONS ON THE ATTACHMENT TO THIS APPLICATION CONCERNING MY**

**RESPONSIBILITIES.** I declare under penalty of criminal laws of the State of Wisconsin/Minnesota that this application has been examined by me to the best of my knowledge and belief is true, correct and complete.

Applicant's Signature:

Date:

Telephone Number  
(include area code):

**Minnesota residents enrolling in Wisconsin institutions return application to:**

Minnesota Office of Higher Education  
Reciprocity Program  
1450 Energy Park Drive, Suite 350  
St. Paul, MN 55108-5227

**Wisconsin residents enrolling in Minnesota institutions return application to:**

Wisconsin Higher Educational Aids Board  
Reciprocity Program  
PO Box 7885  
Madison, WI 53707-7885

**Additional comments: (attach additional paper if needed)**